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THE MENTALLY RETARDED IN PSYCHIATRIC HOSPITALS. THE SOUTHERN REGIONAL CONFERENCE ON MENTAL HEALTH STATISTICS. SOUTHERN REGIONAL EDUCATION BOARD, ATLANTA, GA.

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PUBLICLY OPERATED PSYCHIATRIC INSTITUTIONS IN THE 16 STATES OF THE SOUTHERN REGIONAL EDUCATION BOARD AREA WERE STUDIED TO FIND THE PROPORTION OF ALL RETARDED ADMISSIONS AND RESIDENTS WHO WERE IN PSYCHIATRIC HOSPITALS AND THE PROPORTION OF ALL PSYCHIATRIC HOSPITAL ADMISSIONS AND RESIDENTS WHO WERE REPORTED TO HAVE PRIMARY DIAGNOSIS OF MENTAL RETARDATION. DATA INDICATED THAT MOST RETARDED RESIDENTS IN THE YOUNGER AGE GROUPS (UNDER 15) WERE IN FACILITIES FOR THE RETARDED, WHEREAS MOST IN THE OLDER AGE GROUPS (OVER 25) WERE IN PSYCHIATRIC HOSPITALS. THE PROPORTION OF ALL RETARDED PATIENTS WHO WERE IN PSYCHIATRIC HOSPITALS IN MANY CASES WAS SUBSTANTIALLY HIGHER THAN THE PERCENT OF ALL PSYCHIATRIC HOSPITAL RESIDENTS WHO WERE DIAGNOSED AS RETARDED. THIRTEEN PERCENT OF ALL PSYCHIATRIC HOSPITAL RESIDENTS IN THE 16 STATES WERE REPORTED TO HAVE A PRIMARY DIAGNOSIS OF MENTAL RETARDATION. THE PERCENT OF ALL RETARDED PATIENTS DIAGNOSED AS RETARDED INCREASED WITH THE LENGTH OF HOSPITALIZATION (5 PERCENT OF THOSE HOSPITALIZED UNDER 1 YEAR, 18 PERCENT OF THOSE HOSPITALIZED 10 TO 19 YEARS) AS DID THE PERCENT OF ALL RETARDED PATIENTS WHO WERE IN PSYCHIATRIC FACILITIES (25 PERCENT OF THOSE HOSPITALIZED UNDER 1 YEAR, NEARLY 50 PERCENT OF THOSE HOSPITALIZED OVER 20 YEARS). HOWEVER, THE PERCENT OF ALL PSYCHIATRIC HOSPITAL PATIENTS DIAGNOSED AS RETARDED DECREASED WITH AGE (24 PERCENT AGED 15 TO 24, LESS THAN 10 PERCENT AGED OLDER). THE GREAT MAJORITY OF THE OLDER RETARDED PATIENTS WAS IN PSYCHIATRIC FACILITIES. ONLY A SMALL PROPORTION (AN AVERAGE OF 4 PERCENT) OF CURRENT ADMISSIONS TO PSYCHIATRIC FACILITIES HAD A PRIMARY DIAGNOSIS OF MENTAL RETARDATION. MORE THAN FOUR OUT OF 10 RETARDED ADMISSIONS WENT TO PSYCHIATRIC HOSPITALS WITH THE REMAINING SIX OF THE 10 GOING TO FACILITIES FOR THE RETARDED. THE PERCENT OF ALL ADMISSIONS TO PSYCHIATRIC HOSPITALS WHO HAD A PRIMARY DIAGNOSIS OF MENTAL RETARDATION DECREASED WITH AGE (15 PERCENT UNDER 15 YEARS, ALMOST 0 PERCENT AT 75 AND OVER). HOWEVER, THE PROPORTION OF ADMISSIONS WHO ENTERED PSYCHIATRIC HOSPITALS INCREASED WITH AGE (6 PERCENT UNDER 15, 99 PERCENT AT 75 AND OVER). STATISTICAL EVIDENCE IS PRESENTED IN 11 GRAPHS AND FIVE TABLES. A CLINICIAN'S LOOK AT THE DATA IS ALSO INCLUDED. (JD)

THE SOUTHERN REGIONAL CONFERENCE ON MENTAL HEALTH STATISTICS

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THE SOUTHERN REGIONAL CONFERENCE ON MENTAL HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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OUT RESEARCH INFORMATION AR

The Southern Regional Conference on Mental Health Statistics is composed of the persons responsible for state-wide reporting of statistics on public mental hospitals, psychiatric outpatient clinics, and institutions for the retarded in the states participating in the Southern Regional Education Board.*

It was formed in 1959 for the purpose of working toward improvements and comparability of statistical reporting among the states, exchange of data and ideas, cooperation in research, and better communication among statisticians, administrators, clinicians, and researchers.

The group prepares and issues annual and more frequent reports on patients in mental hospitals, outpatient psychiatric clinics, and institutions for the retarded. It sponsors annual meetings, numerous in-service education and staff development activities, special reports and research projects, and a variety of other programs.

An earlier report provided a four year analysis of population trends in the mental hospitals of the region.** The present report provides information regarding the number of retarded patients in the mental hospitals of the region during the year ending June 30, 1963. Data were supplied by the statisticians of the participating states and by the Office of Biometry, National Institute of Mental Health. Tabulations were supervised by Kurt Gorwitz, Director of Mental Health Statistics, Maryland Department of Mental Hygiene. Mr. Gorwitz is chairman of the Reports and Public Information Committee of the Conference. The analysis was carried out by the Committee members. Miss Evelyn Hart of Mr. Gorwitz's office prepared all graphs included in this report.

The Conference was supported in its initial years by the Southern Regional Education Board. It is presently supported by NIMH grant MH-01416-03 and by SREB.

* Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia (and Delaware until 1965).

** MENTAL HOSPITAL POPULATIONS; A Four Year Study by the Southern Regional Conference On Mental Health Statistics. Published by the Southern Regional Education Board, August 1965.

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HIGHLIGHTS

This study concerns itself with two questions:

1. The proportion of all retarded admissions and residents who were in psychiatric hospitals.
2. The proportion of all psychiatric hospital admissions and residents who were reported to have a primary diagnosis of mental retardation.

Mental retardation in this study is defined as a primary diagnosis of mental retardation (A.P.A. code 60-62). Data were not obtained regarding the number with or without psychosis. Statistics shown here are for publicly operated facilities only. In Maryland, where data for all public and private hospitals are available through the Psychiatric Case Register, 98 percent of all hospitalized retarded patients are in publicly operated facilities. While similar data are not readily available for other states, this proportion is believed to be generally high.

1. Most retarded residents in the younger age groups were in facilities for the retarded. Beginning with the age group 35-44, a majority of retardates were in psychiatric hospitals. The great majority of retarded admissions less than 15 years of age went to facilities for the retarded. Beginning with the age group 25-34, a majority of admissions went to psychiatric hospitals.

2. Five states reported that the number of patients in their facilities for the mentally retarded was substantially smaller than the resident population in psychiatric hospitals. Furthermore, many states reported age restrictions in the former facilities. Therefore, the proportion of all retarded patients who were in psychiatric hospitals in many cases was substantially higher than the percent of all psychiatric hospital residents who were diagnosed as retarded. This was particularly true among older patients.

3. Thirteen percent of all psychiatric hospital residents in the region were reported to have a primary diagnosis of mental retardation. Data from fourteen of these sixteen states indicated that 35 percent of retarded patients were

in psychiatric hospitals with the remaining 65 percent in facilities for the retarded.

4. The percent of all psychiatric hospital residents diagnosed as retarded was related to the length of hospitalization. For the region as a whole, this varied from a minimum of 5 percent of those hospitalized less than one year to a maximum of 18 percent among patients hospitalized between 10 and 19 years.

5. The percent of all retarded patients who were in psychiatric facilities also varied by length of hospitalization. Among those hospitalized less than one year, one-fourth were in psychiatric facilities; this increased to nearly one-half among patients hospitalized for 20 years or more. Many states reported that all of their long term retarded patients were in psychiatric hospitals and that they had none in facilities for the retarded.

6. The percent of all psychiatric hospital residents diagnosed as retarded varied with age, with a maximum of 24 percent in the age group 15 to 24. Most states reported only a small proportion (less than 10 percent) of their older residents as being retarded.

7. The percent of all retarded patients who were in psychiatric hospitals also varied by age. Because of the difference in the size of the retarded and psychiatric facilities indicated earlier, most states reported that the great majority of their older retarded residents were in psychiatric facilities and that only a small number were in facilities for the retarded.

8. Only a small proportion of current admissions to psychiatric facilities had a primary diagnosis of mental retardation. The average for the region as a whole was 4 percent with a high of 8 percent in West Virginia and a low of 2 percent in Maryland.

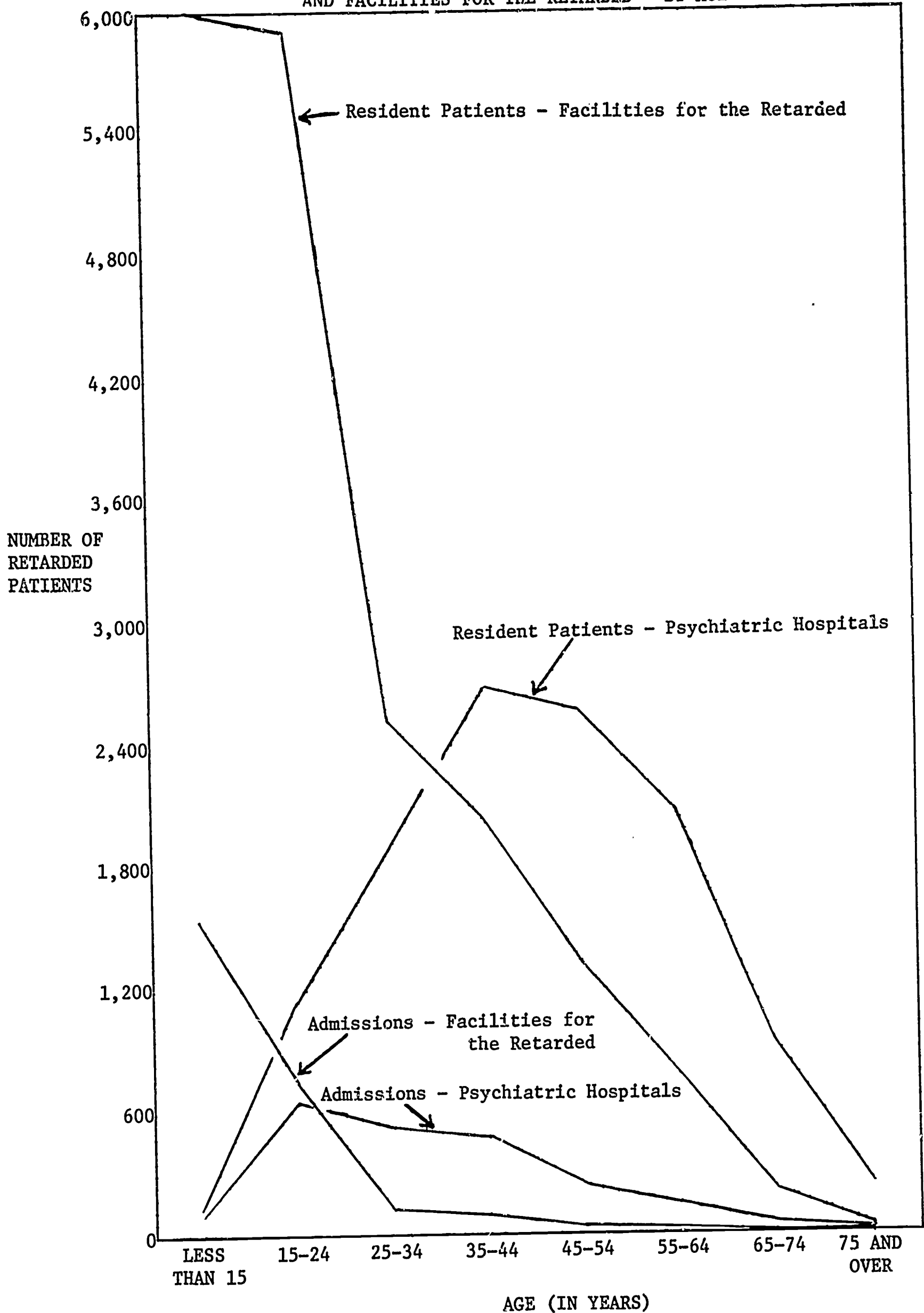
9. More than 4 out of 10 retarded admissions went to psychiatric hospitals with the remaining 6 out of 10 going to facilities for the retarded. The proportion of all retarded admissions who went to psychiatric hospitals varied from a high of 90 percent in Kentucky to a low of 20 percent in Florida.

10. The percent of all admissions to psychiatric hospitals who had a primary diagnosis of mental retardation varied with age. For the region as a whole, the maximum of 15 percent was in the youngest age group (those less than 15 years of age). It decreased from this point to a figure approaching zero at ages 75 and over. However, the proportion of all retarded admissions who entered psychiatric hospitals increased with age, from a minimum of six percent under fifteen years of age to a maximum 99 percent at ages 75 and over.

GRAPH 1

Almost all retarded residents less than 15 years of age were in facilities for the retarded. The states reporting this information indicated that only 120 retarded residents in this age group were in their psychiatric hospitals as compared with nearly 6,000 in the facilities for the retarded. This disparity decreased with age and beginning with the 35-44 age group, a majority of retarded residents were in psychiatric hospitals. Among retarded admissions during the study period, almost all of the youngest went to facilities for the retarded (1,500 versus 120). Here also this difference declined rapidly with age. Beginning with the group aged 25-34 the majority of retarded admissions entered psychiatric hospitals.

GRAPH 1
 NUMBER OF RESIDENTS AS OF JUNE 30, 1963 AND NUMBER OF ADMISSIONS DURING
 THE YEAR ENDING JUNE 30, 1963 DIAGNOSED AS RETARDED IN PSYCHIATRIC HOSPITALS
 AND FACILITIES FOR THE RETARDED - BY AGE

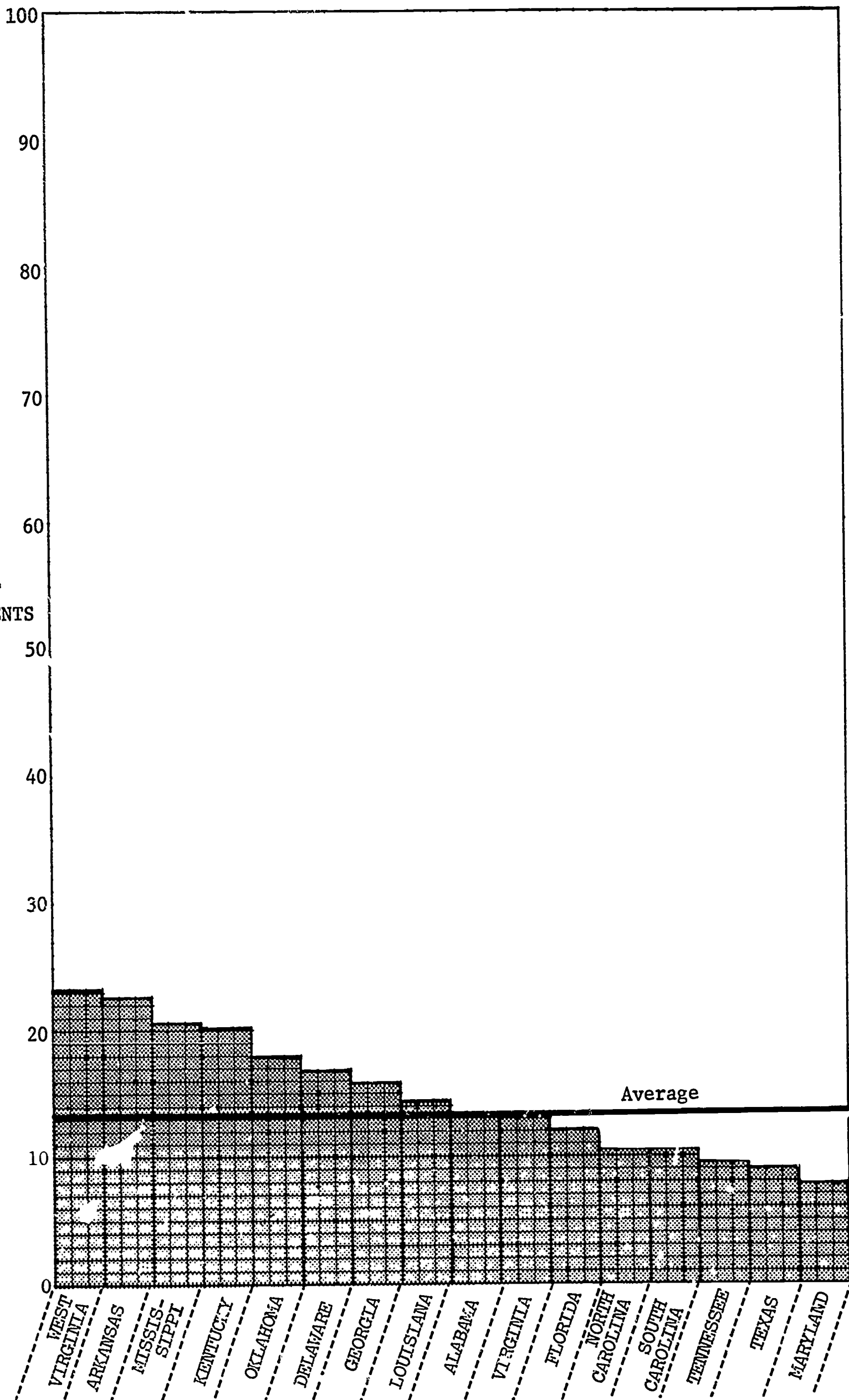


GRAPH 2

Thirteen percent of the residents in the public mental hospitals of the southern states were reported to have a primary diagnosis of mental retardation. This graph shows this proportion for each of the 16 states. The range was from a high of 23.7 percent in West Virginia to a low of 7.8 percent in Maryland. Other states with a higher than average proportion of psychiatric hospital residents diagnosed as retarded were (in descending order): Arkansas, Mississippi, Kentucky, Oklahoma, Delaware, Georgia and Louisiana.

DIAGNOSED AS RETARDED

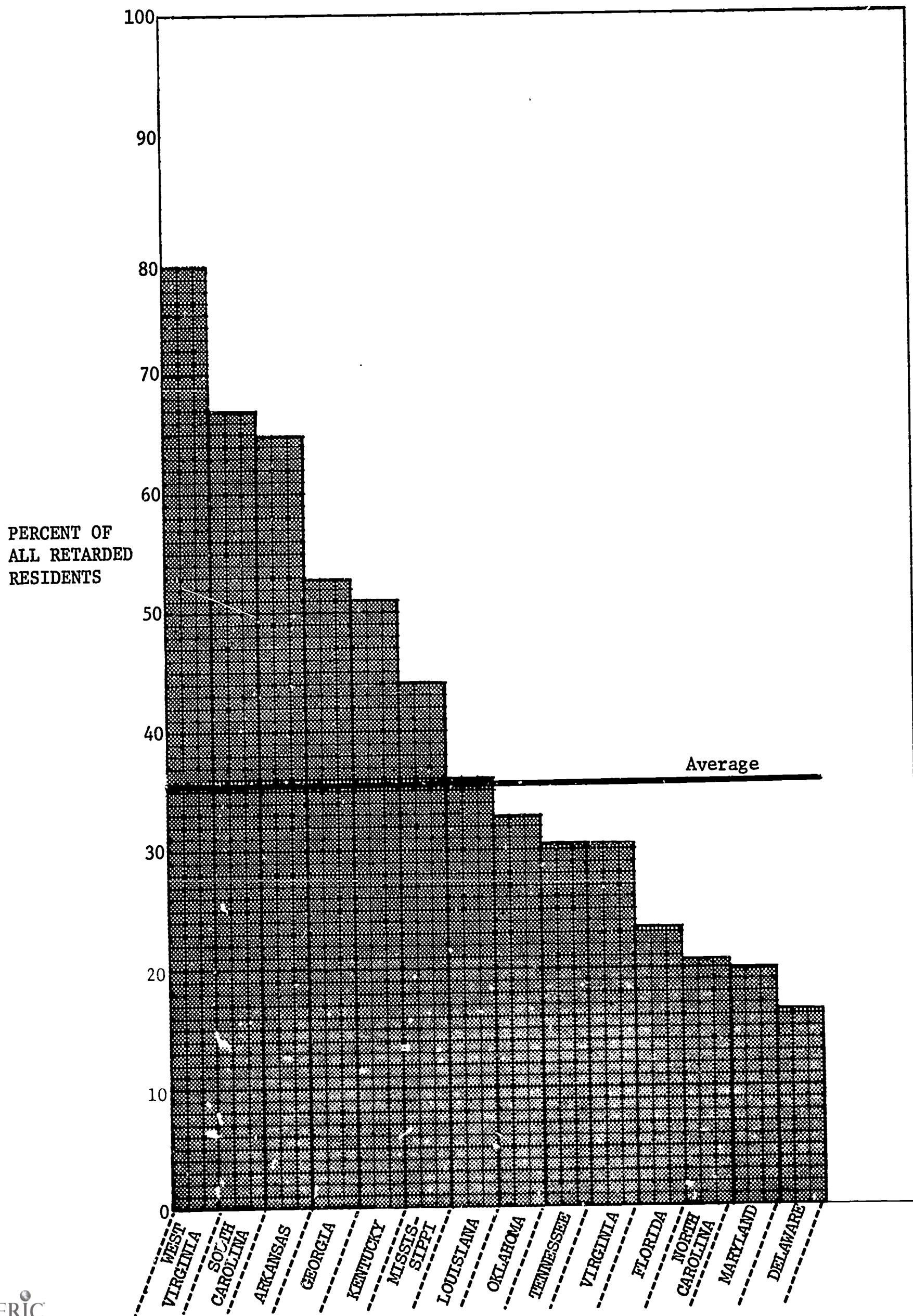
PERCENT OF
ALL RESIDENTS



GRAPH 3

Thirty-five percent of retarded resident in state operated facilities in 14 of the southern states were reported to be in mental hospitals. The remaining 65 percent were in inpatient facilities for the mentally retarded. Data were not available for Alabama and Texas. The proportion of retarded patients in psychiatric hospitals ranged from a high of 79.1 percent in West Virginia to a low of 16.5 percent in Delaware. Other states with a higher than average proportion of hospitalized retarded patients in psychiatric hospitals were (in descending order): South Carolina, Arkansas, Georgia, Kentucky, Mississippi and Louisiana.

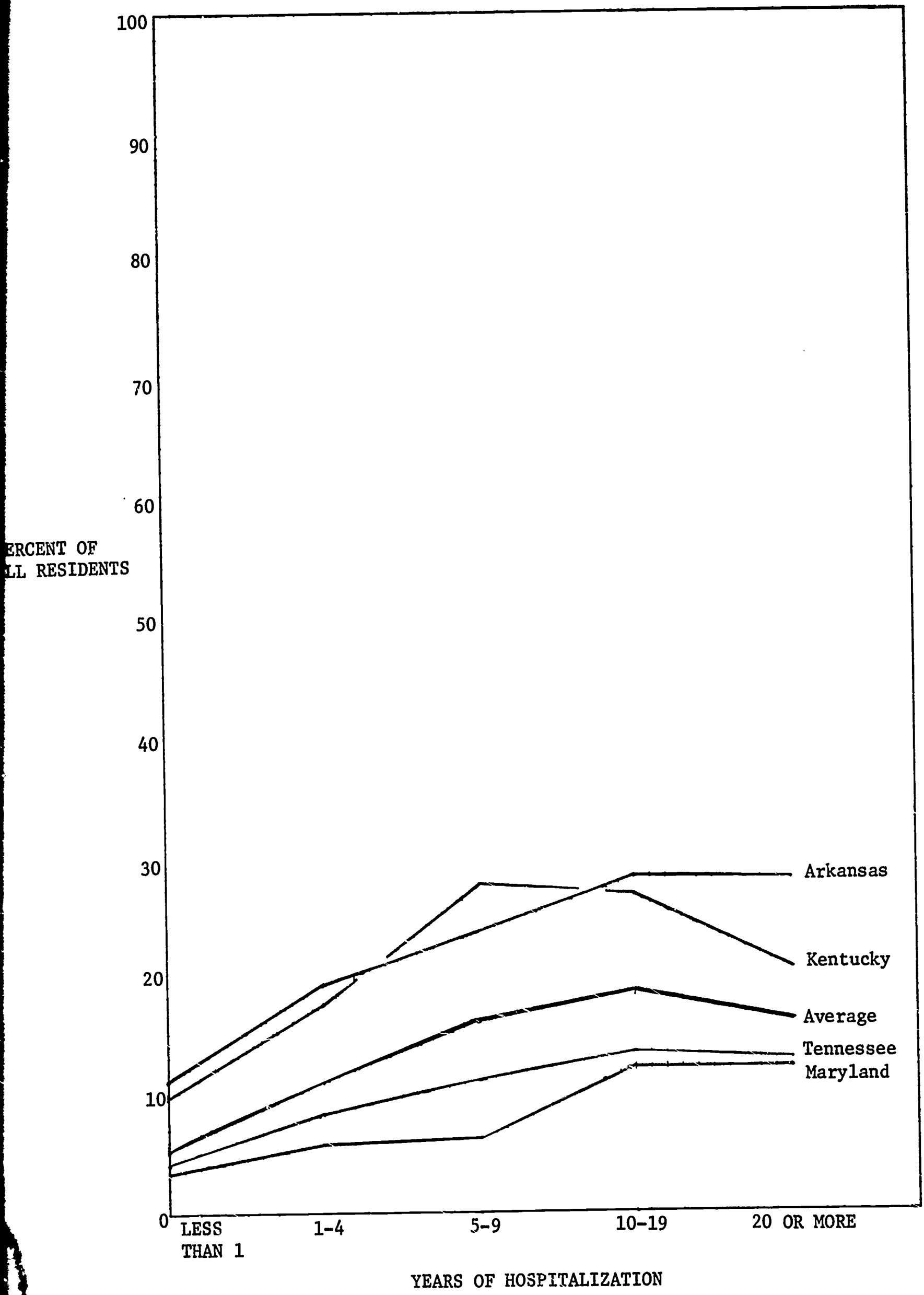
GRAPH 3
PERCENT OF ALL RETARDED RESIDENTS WHO ARE IN
PSYCHIATRIC HOSPITALS



GRAPH 4

The percent of all psychiatric hospital residents diagnosed as retarded was directly related to length of hospitalization. This graph presents these data for the region together with data for two states (Arkansas and Kentucky) with highest average proportions and two states (Tennessee and Maryland) with lowest average proportions. Most states reported that the percent of patients hospitalized less than one year who were diagnosed as retarded was small (an average of 5 percent for all states with a range from 11 percent reported by Arkansas to 3 percent reported by Maryland). This increased substantially with time and reached a maximum among patients hospitalized between 10 and 19 years. In this group, almost 20 percent of psychiatric hospital residents were diagnosed as retarded with a high of 28 percent in Arkansas and a low of 12 percent in Maryland. Most states reported a decline thereafter. One reason for this probably is the large number of long term psychotic patients found in most hospital systems.

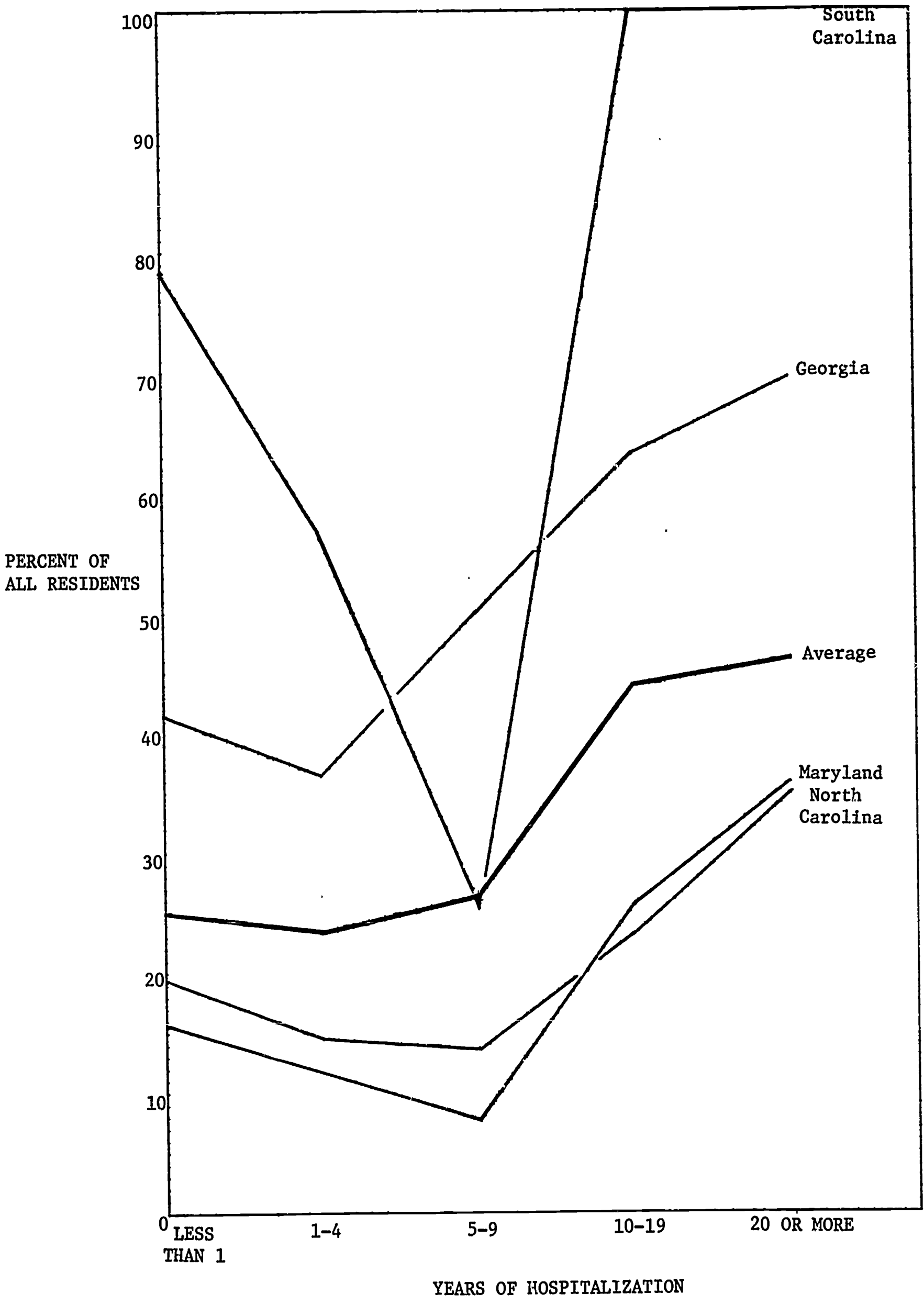
GRAPH 4
PERCENT OF ALL RESIDENTS IN PSYCHIATRIC HOSPITALS
DIAGNOSED AS RETARDED - BY YEARS OF HOSPITALIZATION



GRAPH 5

The percent of retarded residents who are in psychiatric hospitals also had a definite relationship with length of care. In general, there was a persistent and continuing increase. Among retarded patients resident for less than one year, approximately one-fourth were found in psychiatric hospitals. Among patients resident for 20 years or more, this proportion was nearly one-half. This graph, in addition to showing the proportions for the region as a whole, also shows comparable data for two states (South Carolina and Georgia) with highest average rates and two states (Maryland and North Carolina) with lowest average rates.

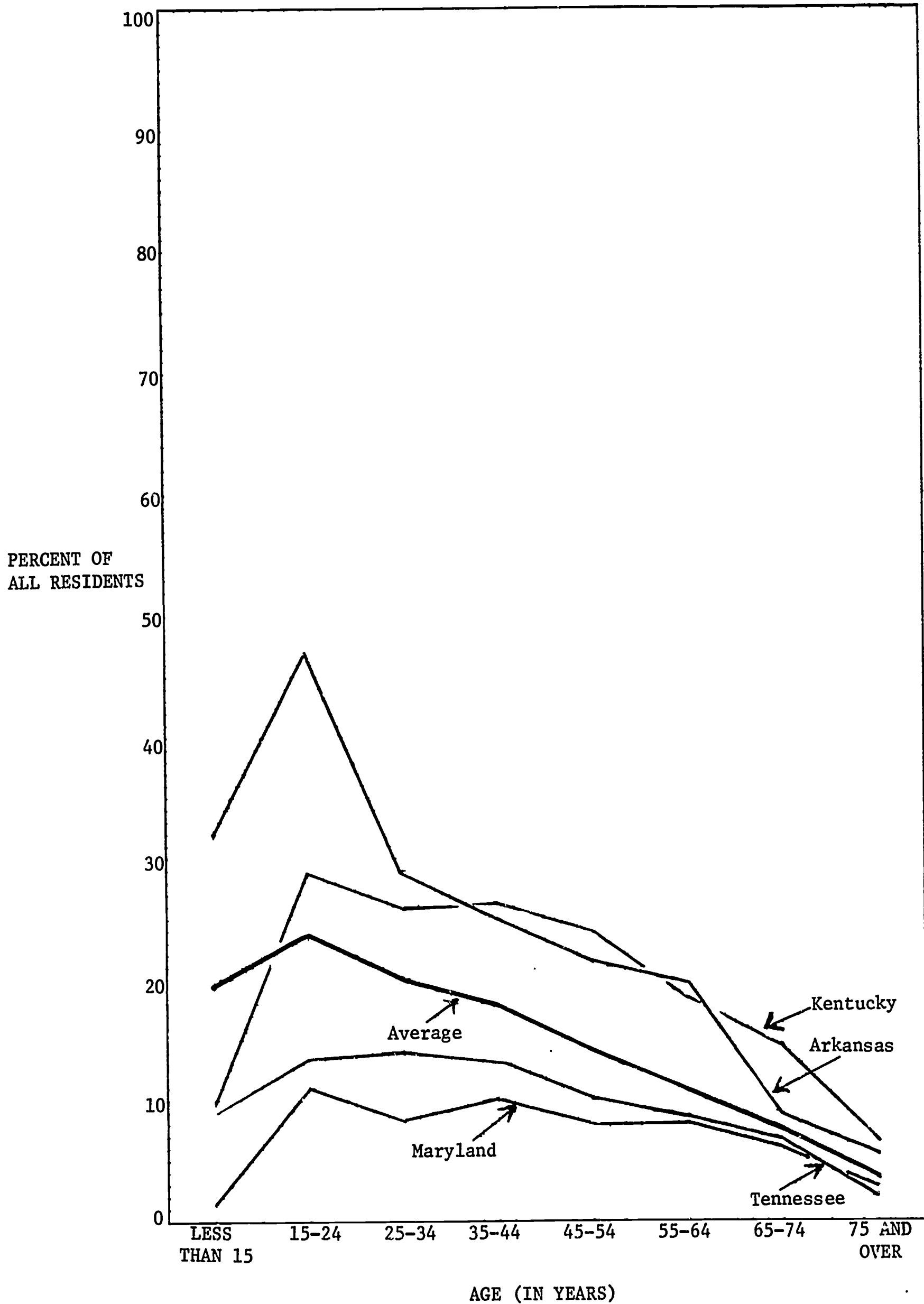
GRAPH 5
PERCENT OF ALL RESIDENTS DIAGNOSED AS RETARDED WHO ARE IN
PSYCHIATRIC HOSPITALS - BY YEARS OF HOSPITALIZATION



GRAPH 6

Most states reported a consistent relationship between age and the percent of all patients in psychiatric hospitals who are diagnosed as retarded. In general, the proportion was smaller among the youngest patients (19 percent for the entire region) and reached a maximum at ages 15-24 (24 percent for all states). It then descended steadily to a minimum at ages 75 and over (3.5 percent for the region as a whole). Although there were definite variations reported by the various states, the pattern was quite consistent.

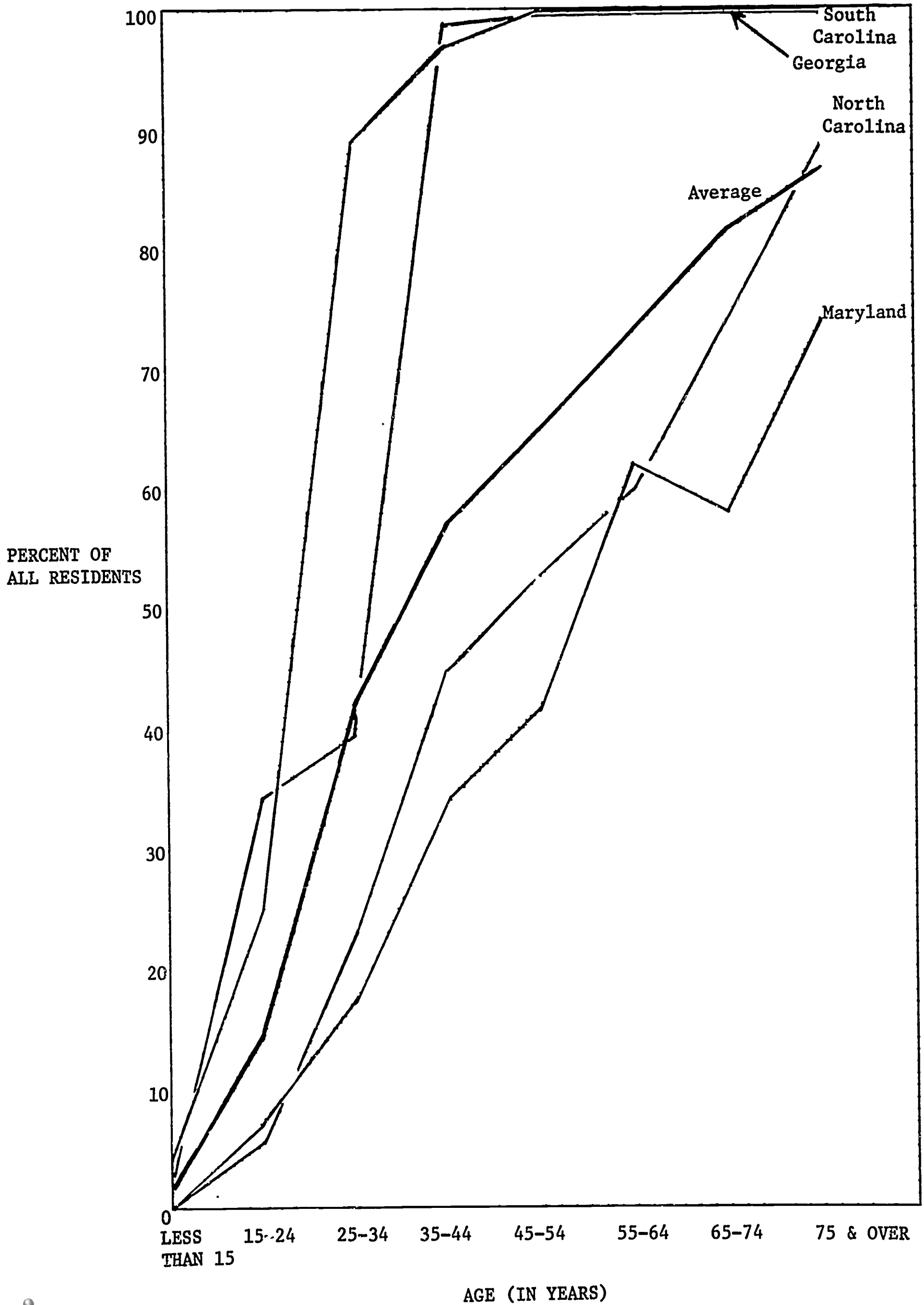
GRAPH 6
 PERCENT OF ALL RESIDENTS IN PSYCHIATRIC HOSPITALS
 WHO ARE DIAGNOSED AS RETARDED - BY AGE



GRAPH 7

In most states, the proportion of all retarded patients who were in psychiatric hospitals was related to their age. For the region, less than 2 percent of retarded patients under 15 years of age were in psychiatric hospitals. From this point, it increased in each age group and reached a maximum of 87 percent among patients 75 and over. These data are of interest when compared to Graph 5 which shows the reverse - a decline with advancing age in the percent of all patients in psychiatric hospitals diagnosed as retarded. The differences in these two graphs reflect the variations in the size of the retarded and psychiatric hospitals in the various states together with variations in the age distributions of their populations.

GRAPH 7
PERCENT OF ALL RESIDENTS DIAGNOSED AS RETARDED WHO ARE IN
PSYCHIATRIC HOSPITALS - BY AGE

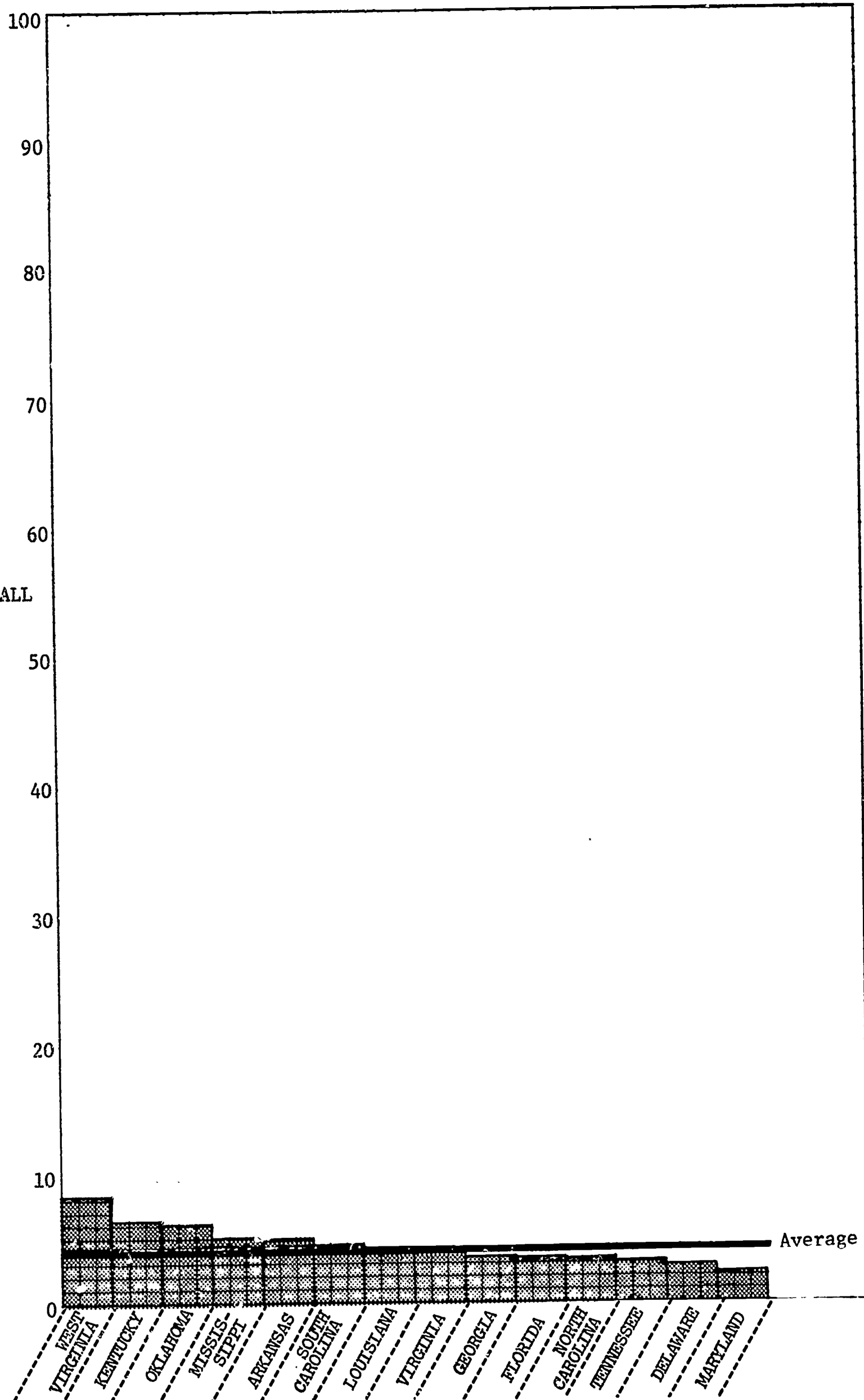


GRAPH 8

Only a small proportion (4 percent) of all admissions to psychiatric hospitals in the southern states were diagnosed as retarded. Although there was considerable variation in admission rates among the 14 states supplying this information, the maximum (in West Virginia) was only 8.2 percent. Most states reported a much smaller percent of retarded admissions to psychiatric hospitals than the comparable proportion among their resident patients. This undoubtedly reflects the fact that many states have recently opened or expanded their inpatient facilities for the retarded.

GRAPH 8
 PERCENT OF ALL ADMISSIONS TO PSYCHIATRIC HOSPITALS
 WHO ARE DIAGNOSED AS RETARDED

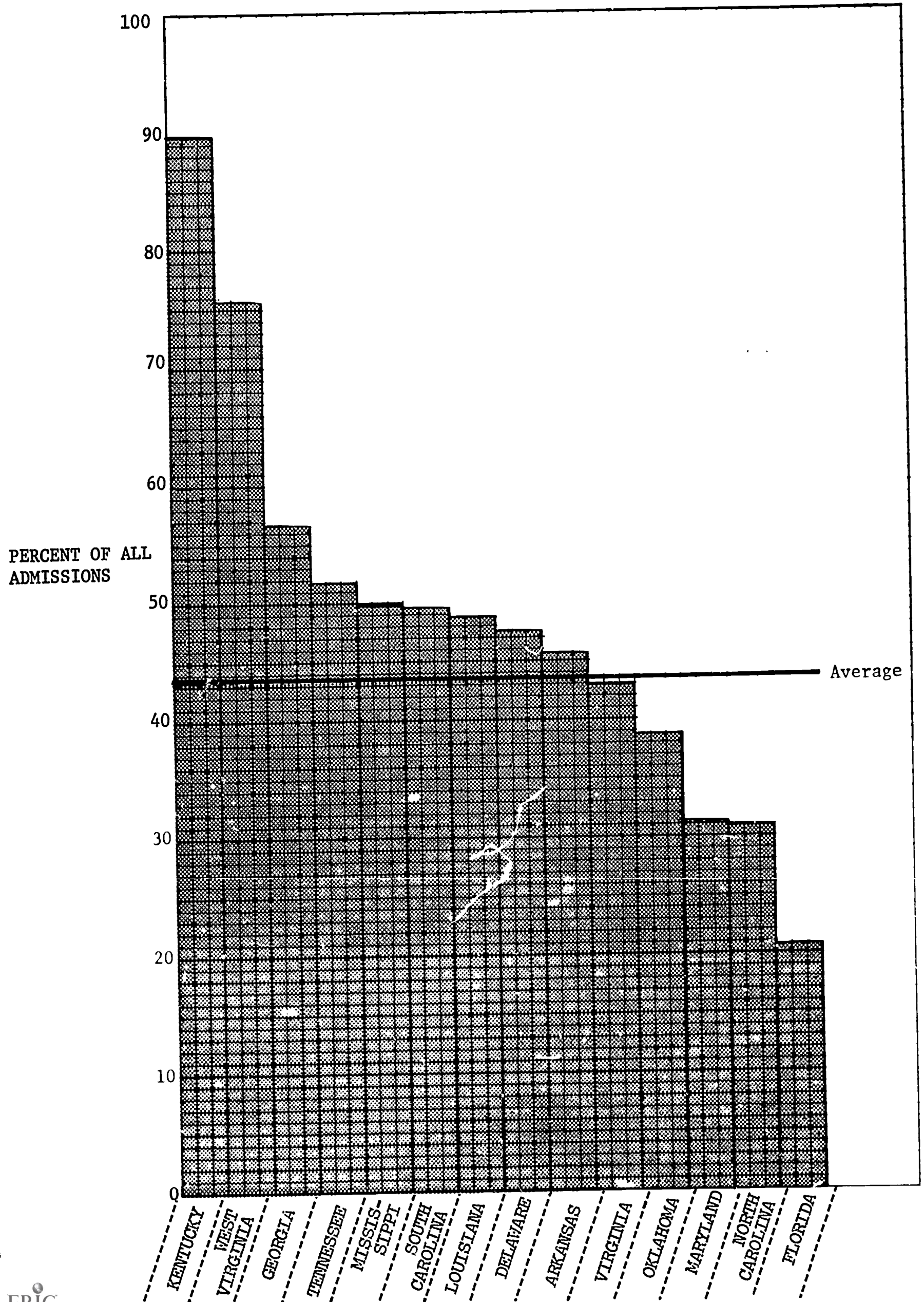
PERCENT OF ALL
 ADMISSIONS



GRAPH 9

More than 40 percent of all admissions diagnosed as retarded were to psychiatric hospitals with the remaining 60 percent going to facilities for the retarded. It is interesting to note that in some states where only a small proportion of admissions to psychiatric hospitals were diagnosed as retarded, the proportion of all retarded admissions going to these facilities was, nevertheless, quite large. For example, in Kentucky where 6.3 percent of admissions to psychiatric hospitals had a retarded diagnosis, nearly 90 percent of retarded admissions were reported as going to psychiatric hospitals.

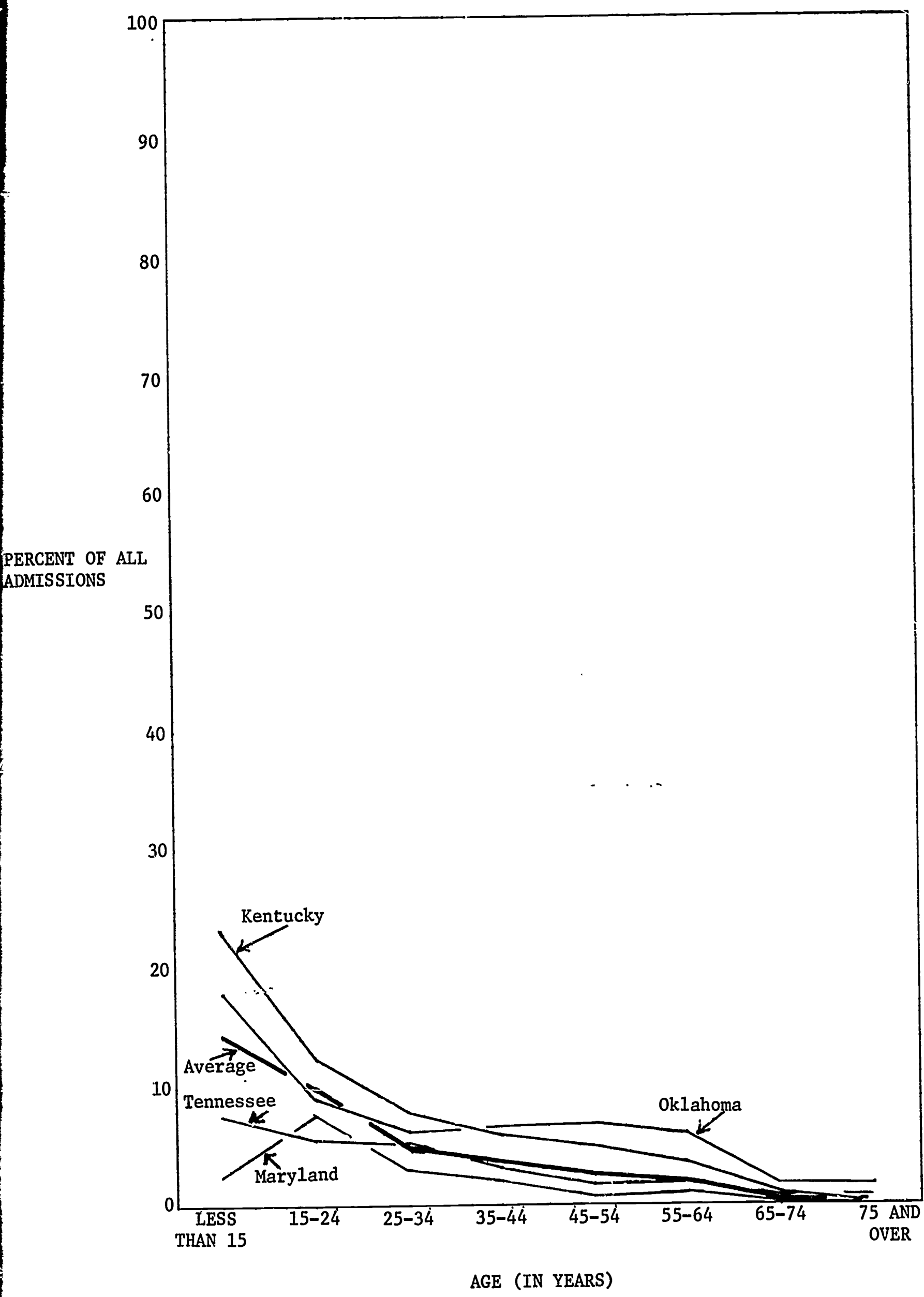
GRAPH 9
 PERCENT OF ALL ADMISSIONS DIAGNOSED AS RETARDED
 WHO ARE ADMITTED TO PSYCHIATRIC HOSPITALS



GRAPH 10

The percent of admissions to psychiatric hospitals diagnosed as retarded decreased in relation to age from a maximum of 14.5 percent in the youngest age group to almost zero among patients 75 and over. Although there were considerable variations between the various states reporting this information, the trend in almost all states was in the direction of a decreasing proportion with advancing age.

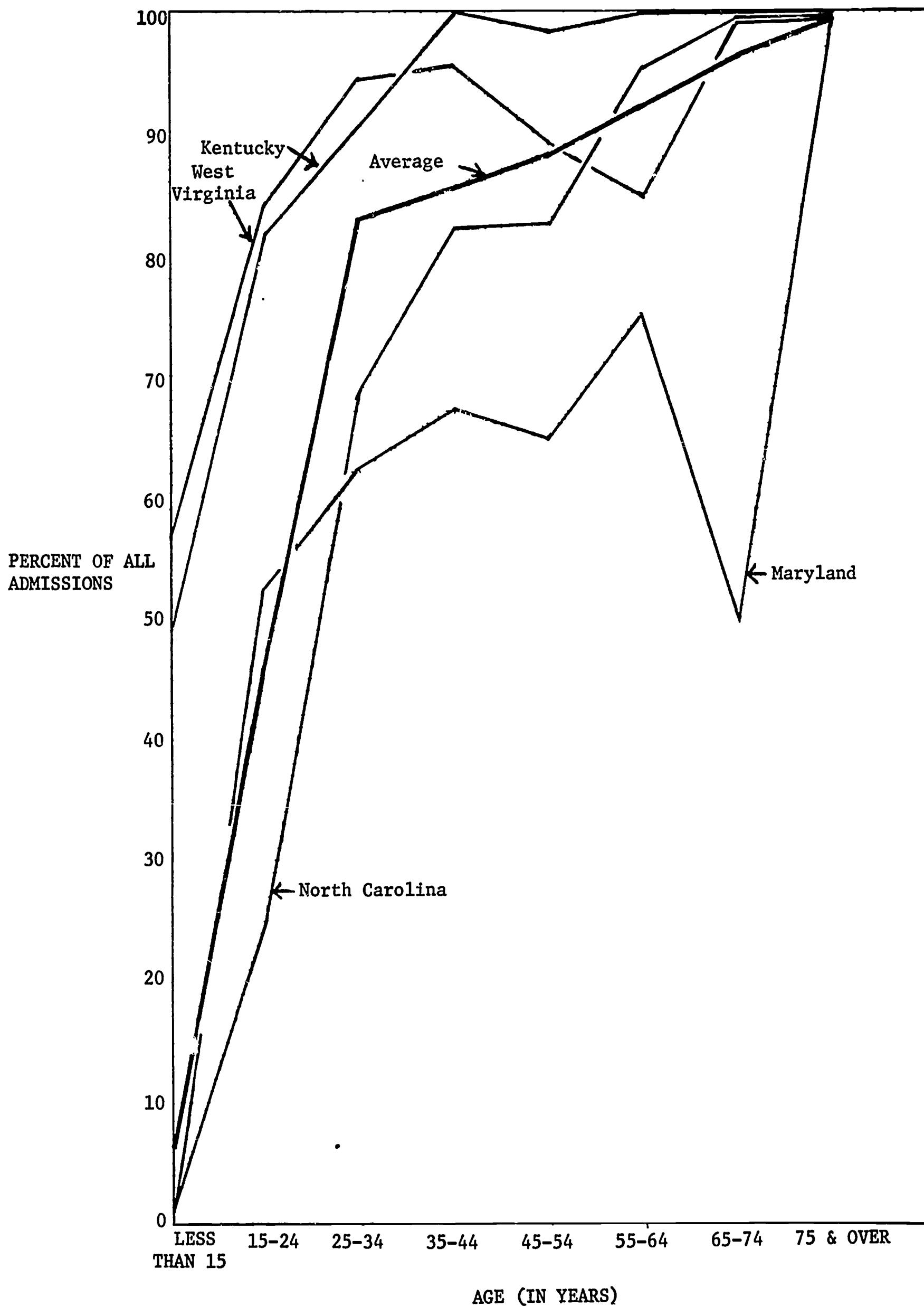
GRAPH 10
PERCENT OF ALL ADMISSIONS TO PSYCHIATRIC HOSPITALS
WHO ARE DIAGNOSED AS RETARDED - BY AGE



GRAPH 11

The percent of all retarded admissions admitted to psychiatric hospitals increased with age from a minimum of 6 percent among patients less than 15 years of age to a maximum of 98 percent in the oldest age group. It is interesting to compare these data with the previous graph where the pattern was the reverse. Basically, this indicates that although a small proportion of all admissions to psychiatric hospitals were retarded, these represented a substantial proportion of all retarded admissions. This was least noticable among the youngest patients and most noticable among the oldest.

GRAPH 11
 PERCENT OF ALL ADMISSIONS DIAGNOSED AS RETARDED WHO ARE
 ADMITTED TO PSYCHIATRIC HOSPITALS - BY AGE



THE CLINICIAN LOOKS AT THE DATA

These data which the Southern Regional Statisticians have compiled and analyzed give the clinicians and responsible authorities of the state mental health programs reason for serious thought.

We must realize of course that some of the information reflects administration policies or shortcomings which were known to exist. Among these are the following:

- 1) Kentucky's institutions for the mentally retarded had closed virtually all admissions during the fiscal year 1963 while renovation work, patient transfers and staff reorganizations were underway.
- 2) West Virginia's institution for the retarded has many fewer beds than are needed for the retarded of the state, and it is already filled far beyond capacity.
- 3) Some of the states' institutions are for children only. There is no place else for adult retarded persons to be admitted except to the psychiatric hospitals.
- 4) Several of the states have opened new institutions for the retarded within the past few years. Thus older retardates, admitted some years ago, would have been admitted to the mental hospitals because there was no other facility at that time.

However, beyond these explanations, these data point to some facts that up to now had not been so clearly apparent.

First, we have substantial numbers of mentally retarded in our state mental hospitals. In fact, one of every eight patients in our hospitals is retarded. Yet very few of our mental hospitals have any programs specifically planned to serve the retarded.

Second, these mentally retarded persons in our hospitals are mostly middle-life persons. The retarded children are mainly in the institutions for the retarded, and there seem to be relatively few very old retarded persons in any of the institutions.

Third, these retarded stay in our mental hospitals for years and years. Is this lack of movement because of their retardation, or because of our lack of programming for them?

Fourth, the retarded in the mental hospitals make up one third of all of the retarded in state institutions. Special programs of citizen's groups and governmental agencies serving the mentally retarded should be concerned with these people.

The data we have here do not show the severity of the retardation in these persons in our mental hospitals, but my impression is that they are generally the moderately and mildly retarded--not the severely disabled. (This is despite the tendency of mental health professionals who do not ordinarily work with the retarded to overestimate the severity of the retardation.)

These are the people with moderate retardation who were kept at home with some kind of workable adjustment until their adult years when their social support collapsed (through illness or death of their families). Their social dependency then required institutional care.

However, must we assume in these cases that lifelong institutional care is necessary? Could not these people with some further social and vocational training be placed in foster homes or group living homes with some supervision rather than being left in the mental hospitals?

Many of them now work in hospital industries. Some studies show that 40% of working patients--often the best workers--are the mentally retarded. Couldn't many of these people work in jobs outside of the hospital with some supervision?

We should ask ourselves why we have not provided specific programs for the training and rehabilitation of so large a group of patients in our hospitals. Is it because of traditional thinking that "education" should be completed by age 20 or that little learning can occur after that age? We know this is not true.

Is it because we have considered mental retardation something irreversible and therefore without hope? If so it is time we realized that with training and rehabilitation many persons with irreversible conditions can be helped to useful lives.

Is it because we have simply wished they were not in our hospital so that by ignoring them we hoped they might magically go away?

Or have we simply been so taken back by the thought of a human being so like us and yet so lacking in our kinds of abilities that we have recoiled from them? It is true that many of them have dysplastic features--palsies, contractures, mannerisms, etc. which repel our sensitivities, but we who are mental health workers, should be aware of these reactions in ourselves.

Whatever the reasons, these data show that we probably should be taking a hard look at the mentally retarded in our mental hospitals in the South with a view to setting up rehabilitation and placement programs for a good many of them.

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In addition, while it appears that the newer institutions for the retarded are admitting the children who are retarded, they do not seem to be admitting nearly the same proportion of adults who need institutional care because of mental retardation. The adults are still being admitted to the mental hospitals.

These adult admissions should be studied further to determine the degree of disability, the reasons for admission at this time, etc. Until now the emphasis of concern for the mentally retarded has focused on children. However, these data dramatize the need to offer lifelong, coordinated supervision and assistance to most of the retarded lest they reach adult years with no other alternatives than admission to a state mental hospital for the remainder of their lives.

Harold L. McPheeters, M. D.
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TABLE 1
PSYCHIATRIC HOSPITALS AND INPATIENT FACILITIES FOR THE RETARDED
DISTRIBUTION OF RESIDENTS BY STATE
JUNE 30, 1963

STATE	R E T A R D E D R E S I D E N T S			TOTAL RESIDENTS IN PSYCHIATRIC HOSPITALS	PERCENT OF ALL RESIDENTS IN PSYCHIATRIC HOS- PITALS DIAGNOSED AS RETARDED		PERCENT OF ALL RETARDED RESIDENTS WHO ARE IN PSYCHIATRIC HOSPITALS	
	TOTAL	PSYCHIATRIC HOSPITALS	FACILITIES FOR THE RETARDED					
ALABAMA	*	1,009	*	7,547	13.4	*	*	
ARKANSAS	1,239	798	441	3,538	22.6	64.4		
DELAWARE	691	114	577	1,686	16.9	16.5		
FLORIDA	5,050	1,180	3,870	9,822	12.0	23.4		
GEORGIA	3,624	1,914	1,710	12,014	15.9	52.8		
KENTUCKY	2,162	1,109	1,053	5,453	20.3	51.3		
LOUISIANA	2,820	1,006	1,814	7,008	14.4	35.7		
MARYLAND	3,216	631	2,585	8,093	7.8	19.6		
MISSISSIPPI	2,078	911	1,167	4,475	20.4	43.8		
NORTH CAROLINA	5,116	1,041	4,075	9,884	10.5	20.3		
OKLAHOMA	3,455	1,125	2,330	6,376	17.6	32.6		
SOUTH CAROLINA	1,049	700	349	6,658	10.5	66.7		
TENNESSEE	2,534	765	1,769	8,176	9.4	30.2		
TEXAS	*	1,432	*	15,911	9.0	*		
VIRGINIA	5,055	1,527	3,528	11,452	13.3	30.2		
WEST VIRGINIA	1,549	1,226	323	5,175	23.7	79.1		
TOTAL	39,638	16,488	25,591	123,268	13.4	35.4		

* Data Not Received

Percent of all residents in psychiatric hospitals who are diagnosed as retarded equals retarded residents in psychiatric hospitals x 100 / total residents in psychiatric hospitals.

Percent of all retarded residents who are in psychiatric hospitals equals retarded residents in psychiatric hospitals x 100 / total retarded residents.

TABLE 2
PSYCHIATRIC HOSPITALS-DISTRIBUTION OF RETARDED RESIDENTS BY LENGTH OF HOSPITALIZATION AND STATE
JUNE 30, 1963

STATE	TOTAL	LENGTH OF HOSPITALIZATION (YEARS)				
		LESS THAN 1	1 - 4	5 - 9	10 - 19	20 OR MORE
ALABAMA	*	*	*	* - -	*	*
ARKANSAS	798	72	131	82	238	275
DELAWARE	114	19	19	6	27	43
FLORIDA	1,180	66	174	219	341	380
GEORGIA	1,914	107	343	425	588	451
KENTUCKY	1,109	109	196	209	404	191
LOUISIANA	1,006	98	176	161	340	231
MARYLAND	631	62	88	54	176	251
MISSISSIPPI	911	57	393	157	189	115
NORTH CAROLINA	1,041	143	183	152	295	268
OKLAHOMA	1,125	134	230	166	282	313
SOUTH CAROLINA	700	47	114	86	236	217
TENNESSEE	765	79	145	111	206	224
TEXAS	*	*	*	*	*	*
VIRGINIA	1,527	135	280	263	389	460
WEST VIRGINIA	*	*	*	*	*	*
TOTAL	12,821	1,128	2,472	2,091	3,711	3,419

* Data Not Received

TABLE 3
PSYCHIATRIC HOSPITALS-DISTRIBUTION OF RETARDED RESIDENTS BY AGE AND STATE
JUNE 30, 1963

STATE	TOTAL	A G E (Y E A R S)							75 AND OVER	UNKNOWN
		LESS THAN 15	15-24	25-34	35-44	45-54	55-64	65-74		
ALABAMA	1,009	2	55	134	255	243	190	100	27	3
ARKANSAS	798	14	125	151	158	166	132	35	17	-
DELAWARE	114	13	8	11	20	24	23	10	5	-
FLORIDA	1,180	5	109	206	296	255	185	87	37	-
GEORGIA	1,914	18	183	296	419	452	370	112	27	37
KENTUCKY	1,109	3	60	124	243	295	239	112	33	-
LOUISIANA	1,006	6	77	176	242	223	190	55	29	8
MARYLAND	631	1	58	80	132	124	128	64	28	16
MISSISSIPPI	911	11	147	180	195	159	153	59	7	-
NORTH CAROLINA	1,041	7	88	191	284	218	151	55	17	30
OKLAHOMA	1,125	31	125	137	199	244	194	127	68	-
SOUTH CAROLINA	700	5	58	118	167	179	100	48	25	-
TENNESSEE	765	2	46	120	176	170	156	74	21	-
TEXAS	1,432	7	102	194	283	342	301	149	50	4
VIRGINIA	1,527	32	193	220	329	326	254	127	46	-
WEST VIRGINIA	1,226	9	119	223	314	244	205	97	11	4
TOTAL	16,488	166	1,553	2,561	3,712	3,664	2,971	1,311	448	102

TABLE 4
PSYCHIATRIC HOSPITALS AND INPATIENT FACILITIES FOR THE RETARDED
DISTRIBUTION OF ADMISSIONS BY STATE
FISCAL YEAR 1963

STATE	R E T A R D E D		A D M I S S I O N S		TOTAL ADMISSIONS TO PSYCHIATRIC HOSPITALS		PERCENT OF ALL ADMISSIONS TO PSYCHIATRIC HOSPITALS DIAGNOSED AS RETARDED		PERCENT OF ALL RETARDED ADMISSIONS ADMITTED TO PSYCHIATRIC HOSPITALS	
	TOTAL	PSYCHIATRIC HOSPITALS	INPATIENT FACILITIES FOR THE RETARDED							
ALABAMA	*	*	*		*		*		*	
ARKANSAS	334	152	182		3,216		4.7		45.5	
DELAWARE	65	31	34		1,128		2.7		47.7	
FLORIDA	688	144	544		4,370		3.3		20.9	
GEORGIA	370	209	161		6,054		3.5		56.5	
KENTUCKY	347	312	35		4,978		6.3		89.9	
LOUISIANA	495	241	254		5,642		4.3		48.7	
MARYLAND	536	163	368		7,257		2.3		31.3	
MISSISSIPPI	357	178	179		3,668		4.9		49.9	
NORTH CAROLINA	959	297	662		9,236		3.2		31.0	
OKLAHOMA	528	204	324		3,296		6.2		38.6	
SOUTH CAROLINA	312	155	157		3,514		4.4		49.7	
TENNESSEE	383	198	185		6,419		3.1		51.7	
TEXAS	*	*	*		*		*		*	
VIRGINIA	465	200	265		5,391		3.7		43.0	
WEST VIRGINIA	124	94	30		1,144		8.2		75.8	
TOTAL	5,963	2,583	3,380		65,313		4.0		43.3	

* Data Not Received

TABLE 5
PSYCHIATRIC HOSPITALS--NUMBER OF ADMISSIONS DIAGNOSED AS RETARDED BY AGE AND STATE
FISCAL YEAR 1963

STATE	TOTAL	A G E (I N Y E A R S)						75 AND OVER	UNKNOWN
		LESS THAN 15	15-24	25-34	35-44	45-54	55-64		
ALABAMA	*	*	*	*	*	*	*	*	*
ARKANSAS	152	10	58	22	19	24	17	2	-
DELAWARE	31	3	7	9	8	3	1	-	-
FLORIDA	144	5	54	35	31	14	5	-	-
GEORGIA	209	23	61	43	45	27	6	4	-
KENTUCKY	312	13	72	73	80	52	18	4	-
LOUISIANA	241	18	69	65	43	26	15	4	-
MARYLAND	168	3	67	40	37	11	9	1	-
MISSISSIPPI	178	7	52	40	37	29	13	-	-
NORTH CAROLINA	297	6	79	73	74	38	20	2	4
OKLAHOMA	204	9	45	34	46	38	23	4	-
SOUTH CAROLINA	155	9	56	35	28	15	11	1	-
TENNESSEE	198	3	44	65	45	21	16	3	-
TEXAS	*	*	*	*	*	*	*	*	*
VIRGINIA	200	18	65	51	44	11	9	2	-
WEST VIRGINIA	94	5	38	17	21	7	4	1	-
TOTAL	2,583	132	767	602	558	316	167	28	9
									4

* Data Not Received

SOUTHERN REGIONAL CONFERENCE ON MENTAL HEALTH STATISTICS

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